

References

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Panel B

Advertising and Marketing

Chair: Robert Denniston
Background Paper: Charles Atkin, Ph.D.
Recorder: LCDR Joyanne Murphy
Panel Members: Doris Aiken
Jan Howard, Ph.D.
Lawrence Wallack, Dr. P.H.
Michael Mazis, Ph.D.
James W. Swinehart, Ph.D.
Jean Kilbourne, Ed.D.
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Education about alcohol is a critical first step toward a comprehensive approach to alcohol problems in our society. Mass communication is one major source of learning about alcohol use, especially for youth. In particular, alcohol advertising tends to glamorize alcohol use and to give a one-sided view without providing information about the consequences of such use. Hence, more complete and accurate information is needed. Therefore, the panel makes the following 17 recommendations in six categories.

Advertising and Promotion

B-1 Match the level of alcohol advertising with equivalent exposure for effective pro-health and safety messages to provide more complete and accurate information.

Strategy

Assuming continued limitations on public service media availability, a mandate to government to allocate funds to purchase time for alternative/counteradvertising is necessary. If this goal is not adequately met within 1 year, a system for mandated counteradvertising should be implemented.

B-2 Eliminate alcohol advertising and promotion on college campuses where a high proportion of the audience reached is under the legal drinking age.

Strategy

1. *The Surgeon General should request that the alcohol industry cease advertising and promotion efforts on such college campuses by September 1989.*
2. *The Surgeon General should*
 - *write to such university presidents recommending that they disallow advertising and promotion of alcohol and*
 - *provide guidelines and training sessions to the universities.*
3. *Alcoholic beverage industry codes should be revised to incorporate this recommendation.*
4. *The public should be informed of the extent and consequences of alcohol advertising and promotion on college campuses.*
5. *Sanctions (legal or economic) should be developed against the alcohol industry, and possibly universities, if alcohol advertising and promotion on such campuses do not cease by September 1990.*

B-3 Eliminate alcohol advertising, and promotion and sponsorship of public events (e.g., musical concerts, athletic contests), where the majority of the anticipated audience is under the legal drinking age.

Strategy

1. *The Surgeon General should request that the alcohol industry cease advertising and promotional efforts at such public events as well as sponsorship of such public events by September 1989.*

2. *Industry codes should be revised to incorporate this recommendation.*
3. *A letter from the Surgeon General should ask event promoters, sponsors, etc., to disallow advertising and promotion of alcohol at such events.*

B-4 Eliminate official sponsorship of athletic events (e.g., the Olympics) by the alcohol beverage industry.

Strategy

1. *The Surgeon General should request that the alcohol industry cease advertising and promotion efforts through the sponsorship of athletic events.*
2. *Industry codes should be revised to incorporate this recommendation.*

B-5 Eliminate alcohol advertising and promotion that portray activities that can be dangerous when combined with alcohol use.

Strategy

1. *The Surgeon General should request that the alcohol industry cease advertising and promotion efforts that portray activities that can be dangerous when combined with alcohol use.*
2. *Industry codes should be revised to incorporate this recommendation.*

B-6 Eliminate the use of celebrities who have a strong appeal to youth in alcohol advertising and promotion.

Strategy

1. *The Surgeon General should request that the alcohol industry cease advertising and promotion efforts through the use of celebrities with a strong appeal to youth.*
2. *Industry codes should be revised to incorporate this recommendation.*

B-7 Eliminate tax deductions for alcohol advertising and promotion other than price and product advertising.

Strategy

1. *Introduce legislation in the 101st Congress to address this recommendation.*
2. *Introduce legislation in State legislatures to address this recommendation.*

B-8 Warning labels, now required (as of November 1989) on alcoholic beverage containers, should also be required, clearly and conspicuously, in all alcohol advertising.

Strategy

Introduce legislation in the 101st Congress to extend the warning label law to include warning labels on all advertising consistent with the timetable of the current law.

B-9 Develop and implement training for local community groups regarding advertising and promotion issues and about voluntary and legal approaches for addressing this problem.

Entertainment Programming

B-10 Encourage the creative community to more fully and accurately portray the dangers associated with drinking and driving, and to provide highly visible role models for prevention. We acknowledge and commend the efforts of the creative community to date.

Strategy

1. *The Surgeon General should communicate with appropriate individuals through letters.*
2. *Workshops should be developed to stimulate increased attention to alcohol-related issues.*

News Coverage

B-11 Encourage comprehensive news reporting of alcohol-related problems in general, and crashes in particular.

Strategy

1. *The Surgeon General should develop and disseminate a fact*

sheet on alcohol to be distributed to news organizations. This fact sheet should include information such as the following:

- Alcohol is a drug, and beer is the alcoholic beverage of choice.*
 - Alcohol is addictive.*
 - The number of alcohol-related deaths includes approximately 25,000 traffic fatalities annually.*
- 2. Encourage inclusion of information about the role of alcohol in news reporting of local crashes when appropriate.*
 - 3. Develop and disseminate twice annually a news release from the Surgeon General providing the latest available information on drinking and driving.*

B-12 Encourage the news media to provide coverage on alcohol issues commensurate with the nature and scope of the problem.

Public Campaigns

B-13 Institute and sustain high visibility public information efforts about issues related to drinking and driving.

Strategy

- 1. Continue to expand and publicize existing programs already in place, e.g., alcohol awareness week.*
- 2. Create a coalition of public and private agencies to provide focus and promote coordination of drinking/driving campaigns.*
- 3. Increase State and local levels of public funding, as appropriate, and encourage private sector involvement.*

Regulatory Responsibilities

B-14 Consider moving the responsibility for regulation of the alcoholic beverage industry to the Food and Drug Administration, DHHS.

Research

B-15 Fund research to determine —

B-15.1 The effect of alcohol promotion, advertising, and other media content on different populations, e.g., underage youth, high-risk audiences, and juries.

B-15.2 Which specific advertising and entertainment features contribute to higher versus lower levels of excessive drinking and alcohol-impaired driving.

B-15.3 The most effective media campaign strategies, as part of a comprehensive intervention effort to reduce drinking and driving.

B-15.4 Whether a relationship exists between the amounts of alcohol-related advertising and editorial content in magazines.

B-15.5 The potential effects of informing audiences about compensated inclusion of alcohol products in theatrical motion pictures.

B-16 Provide a research testing service to measure target audience reactions to:

- public information campaign messages voluntarily submitted prior to dissemination; and
- new alcohol advertisements appearing in the mass media.

B-17 Assess the effects of these recommendations, as implemented, on alcohol problems.

Strategy

1. *Federal and State Government agencies should allocate funding for this research.*
2. *Private foundations should increase funding in this area.*
3. *Private sector organizations should increase funding in this area.*

Panel C

Epidemiology and Data Management

Chair: M.W. Perrine, Ph.D.
Background Paper: Carl E. Nash
Recorder: LCDR Marlene Cole
Panel Members: Allan Meyers, Ph.D.
Richard Waxweiller, Ph.D.
Darryl Bertolucci
John Donovan, Ph.D.
Carl Soderstrom, M.D.
Lawrence A. Greenfeld
Ted Doege, M.D.

The Panel on Epidemiology and Data Management submits recommendations regarding drunk driving data collection and data management and on drugged driving.

In the area of data collection, we recommend the following.

C-1 Require State and local police to obtain the blood alcohol concentrations (BAC) of all drivers and nonmotorists involved in fatal and serious injury motor vehicle crashes.

C-2 Obtain and record a BAC for all patients of appropriate age admitted for treatment of acute injury for the purposes of:

- patient diagnosis and clinical management;
- aiding in the diagnosis of alcohol abuse; and
- providing data to document the epidemiology of alcohol in all types of injury.

C-3 Develop a research agenda to identify the range of factors that inhibit the uniform collection of blood alcohol data. There appear to be institutional, professional, and economic barriers to the collection of blood alcohol data on people involved in motor vehicle crashes. To carry out the first set of recommendations, these barriers will have to be understood and addressed.

Strategy

Implementation of recommendations C-1 and C-2 are addressed in C-3, the development of a research agenda. The members of the epidemiology panel are to prepare a draft research agenda and submit to Dr. Perrine, Workshop Chairperson, for compilation. This material will be forwarded to the Surgeon General's office. This panel requests that the Surgeon General:

- 1. define such a research agenda by April 1989,*
- 2. assign this agenda to one or more Agencies, and*
- 3. assign a 1-year timeframe for completion of the research.*

C-4 A voluntary standards organization should establish a consensus committee to set standards for definitions, questions, data elements, and methodologies used in research and data collection relating to drunk/drugged driving.

Strategy

The panel advises the Surgeon General to invite an organization to establish a consensus committee charged with the task of assembling an initial set of definitions within a year.

To obtain improved exposure data, the panel recommends the following.

C-5 Change policies to facilitate periodic roadside surveys to collect valid and complete data on the BAC of an appropriate sample of all drivers using public roads.

C-6 Conduct roadside surveys at enforcement checkpoints and other sites to collect data on BAC at all levels starting at zero.

C-7 Develop policies and procedures to ensure that accurate alcohol

data are obtained for commercial motor vehicle operators using the highways.

C-8 Encourage development and testing of a valid, cost-effective surrogate for roadside surveys.

Strategy

1. *A policy needs to be generated to encourage and facilitate the roadside surveys that receive the endorsement of the Surgeon General.*
2. *A change in State and local policies is needed to facilitate the collection of data, which include zero BAC.*
3. *Commercial motor vehicle operators should undergo drug testing during roadside data collection when feasible.*

C-9 Determine more accurately the characteristics of drunk drivers and identify the contributions of those characteristics to the risk of serious motor vehicle crashes.

Strategy

Focus should be placed on those characteristics of drunk drivers amenable to intervention.

A major purpose of collecting epidemiologic data is to indicate possible points of intervention. Therefore –

C-10 Evaluate all drunk driving countermeasures – whether they apply to people, vehicles, or environment – for effectiveness, safety, acceptability, and cost.

In the area of data *management*, we recommend the following.

C-11 Develop standards and procedures for keeping and linking records relating to drunk/drugged driving and related offenses, from arrest through prosecution, conviction, and disposition. These should be adopted by all jurisdictions in the country.

C-12 Convene a study committee to:

- inventory existing routinely collected data bases,

- inventory data bases that have the potential to provide useful information,
- assess the validity, completeness, and comparability of these data bases and the ability to access and link them, and
- identify needs for additional data that should be routinely collected.

C-13 Develop a central locus for assembling relevant drunk driving data bases and describing their contents to potential users. The panel on epidemiology finds that the resources applied to data collection and analysis on alcohol and motor vehicle crashes is minuscule compared to losses from crashes involving alcohol. To achieve a significant improvement in motor vehicle safety will require substantially more and better information, and the commitment of substantially more resources to epidemiologic research on drinking and driving.

Strategy

The Surgeon General should ensure that this study committee be assembled with government and nongovernment representation. The optimum size of this ad hoc committee would be 12 members. This committee would be in existence within 1 year and receive funding on a prorated basis from the Federal Agencies sponsoring this workshop. The committee would provide a written report on the tasks outlined in C-12 and C-13 to the Surgeon General and the Agencies involved in this workshop.

Considerably less is known about drugged driving than about drunk driving. Therefore—

C-14 Define a research and data collection agenda to determine the nature and magnitude of the drugged driving problem.

Strategy

The Surgeon General should convene a workshop on drugged driving in 1989.

Panel D

Education

Chair: Patricia Waller, Ph.D.

Background Paper: Bruce Simons-Morton, Ed.D., M.P.H.

Recorder: Joan White Quinlan

Panel Members: Katherine Armstrong, Ph.D.

Michael Goodstadt, Ph.D.

Elizabeth A. Weaver

Delores Delaney

John Harvey

Alvera Stern, Ph.D.

David Sleet, Ph.D.

David Anderson, Ph.D.

The Education Panel recognizes that driving while intoxicated (DWI) is a leading cause of death and disability and *the* leading cause of death among young people. A variety of efforts are needed to address this problem, and education plays an important role.

The private and public sectors have a shared responsibility to educate and protect the public against impaired driving. Health, alcohol, and traffic safety communities must work together in designing and implementing effective education and behavior-change programs.

Educational efforts should be designed to help overcome DWI social acceptability and reduce myths surrounding DWI. DWI information should be factual and current. It should help the public, professionals, and decisionmakers understand what they can do to help change DWI policy and practices.

Education leading to effective policy development at Federal, State, and community levels is a critical step in this process.

Education does not occur in a vacuum. It must be part of a comprehensive public health approach to DWI that includes social and environmental action.

Properly designed and implemented educational efforts can influence knowledge, attitudes, and practices and are cumulative and additive in their effects.

The goal of education programs for those under 21 years of age should be to promote no use of alcohol (or other drugs). For those 21 and over, educational efforts should promote the concept of low-risk choices – choosing not to drink in high-risk situations.

Educational interventions must be undertaken within worksites, the family and community, health care agencies, and schools. Within these settings, targets include the general public, at-risk individuals, and decisionmakers.

Most DWI educational programs are insufficiently based in theory and should reflect current knowledge in the fields of social psychology, mass communication, and organizational change.

Research should be ongoing and should help to identify effective education and promotion strategies needed to reduce DWI in specific community settings. Once identified, these strategies should be widely disseminated.

Objectives

The Education Panel offers the following objectives for all drinking and driving education programs.

- To decrease the frequency of drinking in association with driving
- To reduce the frequency of drinking in other traffic-related situations (motorcycles, bicycles, boats, snowmobiles, etc.)
- To reduce the average blood alcohol concentration among drinking drivers to less than 0.05 percent, and promote zero tolerance as the standard for the public
- To decrease the frequency of riding with drinking drivers
- To promote social norms that do not tolerate drinking and driving
- To promote personal responsibility for discouraging drinking and driving among friends and acquaintances
- To promote support by the general public and actions by decisionmakers for public policy, environmental control, and environmental protection and programs regarding drinking and driving

General Recommendations

The Education Panel offers the following general recommendations.

- Drinking and driving education should be considered an essential component of a comprehensive public health approach to DWI reduction.
- Drinking and driving education should be integrated into all health promotion/risk reduction programs.
- Drinking and driving information should be included in health professional training.
- All drinking and driving public information and education programs should be based on sound learning theories, as well as social marketing and communication strategies.
- All decisionmakers should be educated about the development and implementation of effective policies to prevent drinking and driving.
- The impact of alcohol beverage advertising should be balanced with fair time counteradvertising.

Specific Recommendations

Policy Education

D-1 Develop model policies for worksite, school, health care, community, and recreational settings regarding alcohol.

Strategy

Set up an advisory group to review existing policies and to identify current promising policies. Convene a consensus panel to select policies for each setting.

D-2 Develop a decisionmaker's guide to drinking and driving policy development.

Strategy

Using the policies selected by the consensus panel, develop and publish a manual. Subsequently, conduct training for local, city, and State decisionmakers.

D-3 Develop guidelines for training education, health care, and other professionals.

Strategy

Provide small grants to professional organizations to develop training manuals for their membership to reduce drinking and driving and consider this training as part of the requirements for maintaining their certification.

D-4 Develop guidelines for the sponsorship, promotion, use, and sale of alcoholic beverages in relation to lifetime leisure activities (recreation, sports, drinking establishments).

Strategy

Develop a guide for communities on environmental and social policy including responsible recreational events; make camera-ready copies available and develop a distribution list and mechanism for distribution.

Encourage State and local governments to implement environmental controls, such as eliminating happy hour promotions, banning alcohol advertising on billboards and at fairs, and posting warning labels where alcoholic beverages are sold.

D-5 Educate decisionmakers about how to implement incentives regarding the parental supervisory role.

Strategy

Conduct research to determine if analytical skills are permanently impaired by preadolescent and adolescent drinking.

Have parents educate and encourage other parents to teach their children not to drink and drive, as well as inform decisionmakers about the important role parents can play.

D-6 Increase revenues for drinking and driving programs by raising taxes on alcoholic beverages and/or increasing fines for a DWI offense.

Strategy

Develop model legislation for use by legislators and track legislation as it is being passed.

Have exhibit booths at annual conferences of mayors, governors, and city managers. Educate these target groups by making information available.

D-7 Expand warning labels on alcoholic beverages.

Strategy

Provide research findings to citizen activist coalitions on the wide range of health effects from alcohol consumption and encourage them to work toward more comprehensive warning labels.

D-8 Encourage stronger law enforcement and adjudication of existing drinking and driving laws.

Strategy

Establish a monitoring system to identify areas having exemplary, as well as poor, enforcement and adjudication of drinking and driving laws. Regularly publish the names of those cities and counties having the “best” enforcement and adjudication rates, as well as the 10 “hot spots.”

Develop a guide for State Attorneys General identifying liability issues, encouraging dram shop liability, and providing guidance on responsible business practices.

Professional and Provider Education

For health care providers, schools, worksites and communities (law enforcement, elected officials, parents, clergy, media, etc.) —

D-9 Increase the level of knowledge and awareness about drinking and driving prevention.

Strategy

Distribute copies of the recommendations to a wide variety of national groups and organizations in the following areas: education, highway safety, judicial and law enforcement, driver licensing, public health, and medical. Ensure that associations not represented at this workshop receive copies of the recommendations. When the recommendations are distributed, include a list of recipients.

Encourage these groups and organizations to use the recommendations to (1) create a State Task Force on Impaired Driving or (2) motivate existing State Task Forces.

Include a diversity of State and local groups and organizations in implementing these recommendations.

Provide accurate information on drinking and driving to science and health editors and writers, as well as free-lance writers, for inclusion in health and scientific journals.

D-10 Increase the number of professionals who receive education about drinking and driving prevention as well as the importance of modeling and how their behavior affects the public.

Strategy

Provide small grants to professional organizations to develop training manuals for their membership to reduce drinking and driving, and consider this training as part of the requirements for maintaining their certification.

Work with textbook editors and publishers to ensure that accurate information is included and updated regularly.

Request that relevant groups and organizations monitor alcohol education materials for accuracy and messages.

Work with curriculum developers in health programs to include and update materials on impaired driving, including the nature of alcohol advertising and marketing.

Provide information on how to access health promotion funds that could be used for reducing impaired driving.

D-11 Include training in professional practices for professionals and providers.

Strategy

Provide small grants to professional organizations to develop training manuals for their membership to reduce drinking and driving and consider this training as part of the requirements for maintaining their certification.

D-12 Educate on how to overcome barriers to implementing policies and programs.

Strategy

Publish a guide on how communities can overcome barriers to policy changes.

D-13 Provide education and training in support of community coalition development to citizens, traffic safety, public health, and medical professionals.

Strategy

Give widespread recognition and utilization to systems-based, community development approaches, i.e., the Centers for Disease Control's program entitled PATCH - Planned Approach to Community Health.

Expand the scope of existing coalitions to include impaired driving issues and strategies, i.e., Traffic Safety Now and the Safe Kids Campaign.

Have NIAAA's Chief Executive Officer Task Force form a subcommittee on drinking and driving to explore ways corporations can reduce drinking and driving.

D-14 Provide incentives to increase and recognize those professionals and providers who develop and implement effective and innovative programs.

Strategy

Create a well-recognized award program in the Departments of Transportation and Health and Human Services to recognize effective and creative impaired-driving programs conducted by private/public sector partnerships.

Public Education

D-15 Increase the quality and quantity of exposure of the public to how they can reduce drinking and driving by:

- affecting policy
- reducing tolerance for drinking and driving
- advocating for legislative changes

- perceiving how their behavior affects those around them

Strategy

Prepare a Surgeon General's letter on impaired driving myths and facts. Facts would include: problem of crash involvement, the difference between impaired and drunk driving, gender/individual differences, genetic and biological vulnerability, the effects of alcohol consumption on sexuality and weight, the temporary effects of alcohol consumption (i.e., "hangover effect"), the risks for impaired pedestrians, and the concept of "low-risk" choices. Myths would include: even though alcohol consumption is legal for adults, it is not necessarily safe; driving performance is not improved by consuming alcohol; beer is an intoxicating beverage; it is dangerous to be able to "hold your liquor"; and a 12 oz wine cooler contains more alcohol than a can of beer.

Prepare a strong statement for the Surgeon General to issue on encouraging the nonuse of alcohol by those under age 21. The message should include the association with health problems, especially when combining alcohol with other drugs.

Develop a plan for disseminating the workshop recommendations. Document current Federal drinking and driving activities.

Have the Surgeon General hold a press conference to disseminate the above information to the public.

Use motivational techniques to help people maintain a commitment to not drink and drive and to encourage communities to maintain a long-term commitment to reduce the problem.

Ensure that information on drinking and driving is included on electronic bulletin boards for use by the media, educators, science writers, etc., in informing the public.

Print the names and BACs of convicted drinking drivers.

Work with television programmers and writers to include messages in the electronic media on drinking and driving.

Provide the automobile industry (manufacturers, dealers, etc.) with information they can provide to customers.

D-16 Base public information campaigns on effective social marketing theories.

Strategy

Conduct research on the knowledge, attitudes, and practices of the American public and develop materials and messages accordingly.

Market drinking and driving messages, theories, and strategies in an easy-to-read manner. Provide materials that contain graphics and are written for appropriate reading levels. Request support from the private sector in developing these materials.

Have NIAAA and other relevant Institutes compile a review of their most recent research and grant findings. Provide this information to science writers and other writers to use in developing public information articles.

D-17 Educate the public (1) concerning the effects of marketing and advertising by the alcohol beverage industry regarding alcohol consumption and (2) about the relationship between increased taxes on alcohol beverages and reduction in drinking and driving crashes.

Strategy

Provide small incentive grants to associations to have the public identify ways to overcome the alcohol beverage industry's advertising and marketing practices.

Use findings from NIAAA-sponsored studies and grants on the relationship between increased taxes and a decrease in motor vehicle crashes to inform the public.

D-18 Educate the public about the impairing effects of low levels of alcohol on driving performance.

Strategy

Conduct research to determine the length of time that low, moderate, and high doses of alcohol affect performance of adolescents, young adults, adults, and older individuals.

Research Needs

D-19 Conduct research on the relationship between media messages and "traditional" classroom instruction.

- D-20** Test and replicate social marketing strategies with targeted audiences.
- D-21** Conduct ongoing systematic evaluation of the alcohol beverage industry's advertising marketing and promotion efforts and their relationship to alcohol consumption and drunk driving; explore the relevance of these efforts to educational initiatives.
- D-22** Conduct research on effective community approaches to drinking and driving prevention.
- D-23** Reexamine drinking and driving education to improve its effectiveness.
- D-24** Translate research findings for practitioners and determine the most effective means for disseminating this information.
- D-25** Determine the most effective combination of approaches for a community program to reduce impaired driving.
- D-26** On an ongoing basis, expand and maintain existing national data bases on knowledge, attitudes, and practices regarding drinking and driving.
- D-27** Monitor and assess implementation of these recommendations.

Strategy

Coordinate the research plans for agencies such as NIAAA, NHTSA, CDC, and NIDA, in particular, CDC's Injury Prevention Research Centers.

Request that the Transportation Research Board study these recommendations and develop its own research implementation plan.

Expand funding for research from existing sources, e.g., request that Congress include drinking and driving research in the Omnibus Drug Bill.

Panel E

Judicial and Administrative Processes

Chair: The Honorable James D. Rogers
Background Paper: James Nichols, Ph.D.
H. Laurence Ross, Ph.D.
Recorder: CDR Gloria Ames
Panel Members: William Hayes
Ray Larson
Joel Watne
Paul Kamenar
Kay Chopard

The judicial, prosecutorial, and administrative functions play a very important role in dealing with the subject of this workshop, but cannot be the total solution. Responsible action is needed from citizen support groups, community leaders, the hospitality industry, manufacturers of alcoholic beverages, and automobile manufacturers.

The judicial, prosecutorial, and administrative functions should act to change the behavior of those who are apprehended for drunk driving and those who are not apprehended.

The panel makes the following recommendations.

E-1 Apply "hard" driver's license revocation (i.e., no exceptions for hardship, occupation, treatment, or other reasons) for a minimum of 90 days for first offenders. The time of revocation should be substantially increased for repeat offenders.

Most jurisdictions have some form of "Limited Driver's License" process. This nullifies the beneficial results of the loss of the driving privilege.

In jurisdictions with "hard" license revocation, it has been found that

very few people have lost their jobs, and none have been unable to attend treatment or aftercare programs.

E-2 Increase emphasis on reducing driving without a valid driver's license due to driving while under the influence or other alcohol-related charges, as this is an intentional offense. The panel recommends singly or in combination:

- License plate confiscation (License plate confiscation should be used by judges as a condition of pretrial release. Administrative hearing officers should also use license plate confiscation. The judge may consider the issuance of special plates.)
- Incarceration of the violator
- Impoundment of the vehicle used in the violation

E-3 Do not reinstate driver's licenses lost for an alcohol-related offense without the offender providing proof of compliance with an alcohol assessment and any court order.

E-4 Make the following sanctions mandatory in addition to "hard" license revocation.

- *Fines.* The monies should be used to fund educational programs on the use of alcohol and driving and to compensate victims.
- *Jail.* This may be stayed for first-time offenders on compliance with court-imposed conditions. The stay should be for at least 2 years.

E-5 Discourage plea negotiations. All negotiations shall be placed on the record, and all proceedings shall be in open court.

E-6 Make driving illegal per se at 0.08 blood alcohol concentration. All presumptions of not being under the influence of an alcoholic beverage or nonintoxication should be repealed.

This still recognizes that driving with any alcohol concentration presents an increased hazard to the driver and the public.

E-7 Encourage States and the District of Columbia to regularly review their existing implied consent laws to determine if they are meeting their desired goals. The penalties associated with such laws should be sufficiently more severe than penalties associated with failure of a chemical

test or of an alcohol-related conviction to provide an incentive to submit to a chemical test.

E-8 Adopt administrative per se driver's license laws. In this type of a procedure, the offender's driving privileges can be revoked for driving with a blood alcohol concentration at or above a set level.

E-9 Give prosecution and defense the same rights of appeal. (In some jurisdictions, the prosecution has no right of appeal.)

E-10 Have an alcohol assessment, by a competent certified person, selected by the court, made available to the judge prior to sentencing of all defendants in alcohol-related driving offenses.

E-11 Provide sufficient funding for judges, prosecutors, and administrative hearing officers for continuing education in alcohol and related driving offenses. This funding should not only allow for training within the State but out of State at such locations as the National Judicial College.

E-12 Recognize the rights and roles of victims and adopt the *Statement of Recommended Judicial Practices* which were adopted December 2, 1983, by 102 judges — two from every State and the District of Columbia — at a Conference at the National Judicial College. *

"Giving victims the right of allocution at sentencing hearings has not resulted in any noteworthy change in the workloads of either the courts, probation departments, district attorneys' offices or victim witness programs." **

E-13 Admit evidence from the criminal proceedings in any resulting or related civil proceedings.

E-14 Establish a uniform State and national record system for all moving traffic violations.

- Reporting to both State and national systems shall be mandatory with sanctions for noncompliance.

*Copies of the *Statement of Recommended Judicial Practices* may be secured from National Institute of Justice/NCJRS, Box 6000, Rockville, Maryland, 20850.

**National Institute of Justice, Executive Summary, *Victim Appearances Under the California Victims' Bill of Rights*. Page 59.

- Each State and the District of Columbia shall participate in the national system.
- Each State and the District of Columbia shall regularly audit and review their systems for compliance.
- The national system shall be regularly reviewed for compliance and uniformity.

E-15 Apply judicial, prosecutorial, and administrative penalties to parties, other than the driver, who contribute to the offense, such as the legal or illegal providers of the alcoholic beverages.

E-16 Develop self-sufficient systems and programs for prosecution, adjudication, sanctioning, and treatment of alcohol-related driving offenders. (Use fines, fees, and alcohol consumption taxes.)

E-17 Use existing special programs and further devise others for juvenile drinking drivers. They must use both education and comprehensive actions of the court centered around their driving privilege.

E-18 Develop programs for the 18- to 26-year-old group for both education and sentencing procedures. This age group is involved in a disproportionate number of alcohol-related driving offenses.

The panel realizes that some recommendations may work well in all jurisdictions and others may be less effective in some. Certainly, no jurisdiction has solved the problem, and no jurisdiction should sit back and be complacent. Each jurisdiction should regularly reexamine its own methods and also look at those used by others. All too often the statement is made that "We have the toughest laws in the country." This may be true, but tough laws are meaningless if they are not enforced and implemented by the courts, prosecutors, administrative hearing officers, and law enforcement agencies.